

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 570918

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
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50							
TOTAL IND.			↓	1	↓		
TOTAL DEP.			←	10	←		
TOTAL CLAIMS				11			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.					↓		
TOTAL DEP.					←		
TOTAL CLAIMS					←		